

This legislation sought to provide additional funding specifically for the top priority action items in the Action Plan. My colleagues recognized the urgency of this situation and explained that "The Institute of Medicine, the American Society for Microbiology, the World Health Organization, the Congressional Office of Technology Assessment, and the General Accounting Office each have found that the Nation should improve surveillance for mounting antimicrobial resistance problems; prolong the useful life of antimicrobial drugs; develop new drugs; and utilize other measures, such as improved vaccines, diagnostics, and infection control measures to prevent and control antimicrobial resistance."

Although Congress has taken steps in the past to address the problem, antimicrobial resistance continues to grow. In 2004, the Infectious Diseases Society of America (IDSA) published, "Bad Bugs, No Drugs: As Antibiotic Discovery Stagnates a Public Health Crisis Brews" to highlight the lack of research and development for new antibiotics. Antibiotics are not profitable compared to those that treat chronic (long-term) conditions and lifestyle issues. In addition, when a new antibiotic comes on the market, it is discouraged from use to avoid the development of resistance. Also, antibiotics are taken for short periods of time—unlike those for chronic disease which may be taken daily.

Earlier this year, Mr. BAIRD, Ms. CUBIN and I introduced legislation to provide tax credits and other incentives for antibiotic research and development, as well as to encourage that antibiotics, vaccines, and diagnostics become more commonly manufactured in the United States.

Last week, Congress sent the FDA Amendments Act to the President for signature. This legislation included antibiotic provisions I supported and offered as an amendment during committee consideration. Specifically, the FDA Amendments Act promotes education regarding what incentives may be available through the Orphan Drug program for antibiotics and improves information laboratories and clinicians have about antibiotic resistance.

The "Strategies to Address Antimicrobial Resistance (STAAR) Act" compliments these past legislative efforts. The STAAR Act is comprehensive legislation that advances the thirteen key elements identified in the Action Plan and authorizes adequate funding for these strategies.

My bill strengthens existing efforts by establishing an Office of Antimicrobial Resistance (OAR) within the HHS Office of the Assistant Secretary of Health. The Director of OAR would serve as the director of the existing interagency task force. Also, to encourage input from experts outside the federal government, my bill would establish a Public Health Antimicrobial Advisory Board (PHAAB) to provide much needed advice about antimicrobial resistance and strategies to address it. The STAAR Act will strengthen existing surveillance, data collection, and research activities as a means to reduce the inappropriate use of antimicrobials, develop and test new interventions to limit the spread of resistant organisms, and create new tools to detect, prevent and treat these "bad bugs" for which there are no drugs. Infectious diseases experts, including the IDSA, have said it strongly supports this multi-faceted, strategic approach.

I appreciate the interest and leadership many of my colleagues have demonstrated on

this issue in the past. This legislation has been a long time coming. I appreciate the effort of my colleague, Mr. FERGUSON, who joins me to introduce this bipartisan legislation. Finally, I urge my colleagues to work with me to give our federal agencies the tools they need to ensure that combating antimicrobial resistance becomes a priority.

NATIONAL OVARIAN CANCER AWARENESS MONTH

HON. DAN BURTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 27, 2007

Mr. BURTON of Indiana. Madam Speaker, as many of my colleagues hopefully know, September was National Ovarian Cancer Awareness Month. All across the Nation men and women came together for events to both raise awareness of this terrible scourge and to show their support for the women and families struggling with this horrible disease—the deadliest of the gynecologic cancers. For example, September 7, 2007, was "Teal Time"—a day on which millions of Americans nationwide wore the official color of ovarian cancer—teal—to raise awareness about ovarian cancer.

While National Ovarian Cancer Awareness Month may be over for 2007, the fight against ovarian cancer goes on. When it is detected early, ovarian cancer is very treatable; unfortunately, ovarian cancer is one of the most difficult cancers to diagnose because symptoms are sometimes subtle and may be easily confused with those of other diseases. As a result, only 29 percent of ovarian cancer cases in the U.S. are diagnosed in the early stages. When the disease is detected before it has spread beyond the ovaries, more than 95 percent of women will survive longer than five years. But, in cases where the disease is not detected until it reaches the advanced stage, the five-year survival rate plummets to a devastating 25 percent.

As there is still no reliable and easy-to-administer screening test for ovarian cancer, like the Pap smear for cervical cancer or the mammogram for breast cancer, early recognition of symptoms is clearly the best way to save a woman's life. Increased education and awareness about ovarian cancer and recognition of women who are at higher risk for developing ovarian cancer, is the only way that women and their doctors will be able to stop ignoring or misinterpreting the subtle symptoms of the disease. Recently, the American Cancer Society and the Ovarian Cancer National Alliance came to a consensus on the identifiable symptoms of ovarian cancer, even in the early stages. The experts believe if a woman experiences any of the following symptoms for at least three weeks—bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, frequent or urgent need to urinate—she should immediately see her gynecologist.

I urge all of my colleagues to remember those symptoms and I ask each and every one of you to please make a special point of discussing them with your mothers, your wives and your daughters; and encourage them to talk about these symptoms with other women. The simple fact is that ignorance kills. The more women who know what to look for, the

more lives we can save. If we love our mothers, our wives and our daughters, and I am sure that we do, then we owe it to them to make the effort to talk with them about ovarian cancer.

POPCORN WORKERS LUNG DISEASE PREVENTION ACT

SPEECH OF

HON. JOE BACA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 26, 2007

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2693) to direct the Occupational Safety and Health Administration to issue a standard regulating worker exposure to diacetyl:

Mr. BACA. Mr. Chairman, this bill requires the Occupational Safety and Health Administration (OSHA) to issue an interim standard to protect workers in the popcorn manufacturing and flavoring industries and gives time to work on a permanent standard.

I urge support of H.R. 2693, the "Popcorn Workers Lung Disease Act."

Every time we microwave a bag of popcorn, we are contributing to lung disease.

Every time we purchase popcorn at the local grocery store, we are contributing to lung disease.

Let's be responsible and start contributing to a solution.

Let's make sure that we support workplace safety legislation.

There is no excuse for workers to need lung transplants or to die just because they are making popcorn for our pleasure.

There is no reason why children should lose a parent from dying of "Popcorn Lung."

Yes, this disease is rare, but it is also irreversible and deadly.

OSHA must issue control measures and education measures to prevent this from happening and to minimize worker exposure.

There is no excuse!

Tens of thousands of food processing workers report to work each day and are exposed to this dangerous chemical without any controls.

This bill will give OSHA two (2) years to decide on a final standard for permissible exposure limits.

That time limit is fair and just.

Let's contribute to a solution and put an end to popcorn lung disease!

Americans have a right to be safe at work, to breathe easily and to raise their families knowing that their government will protect them from dangerous chemicals.

I urge my colleagues to support H.R. 2693.

COMMENDING RAY PITTMAN, OF
MOBILE, ALABAMA, FOR HIS
SERVICE DURING WORLD WAR II

HON. JO BONNER

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 27, 2007

Mr. BONNER. Madam Speaker, it is my pleasure to rise today to recognize Mr. Ray